#### FORM D



#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

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OMB APPROVAL
OMB Number:
Expires:
Estimated average burden
hours per response

SEC USE ONLY

DATE RECEIVED

DE

Prefix

U	NIFORM LIMITED OFFERING EXEMP	TION
Name of Offering ( check if this is an ar	nendment and name has changed, and indicate change.)	
Corvis Corporation		and the second s
Filing Under (Check box(es) that apply):	□ Rule 504 □ Rule 505 ☑ Rule 506 □ Section 4(6) □ ULG	DE TO THE TOTAL TO
Type of Filing: ☑ New Filing ☐ Amend	ment	
	A. BASIC IDENTIFICATION DATA	FED 101 WOU
1. Enter the information requested about the	ne issuer	
Name of Issuer ( check if this is an ame	endment and name has changed, and indicate change.)	
Corvis Corporation		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
7015 Albert Einstein Drive, Columbia, I	MD 21046	(443) 259-4000
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		POOCECCE
Optical Networking Solutions		LKACTAGE
Type of Business Organization		FEB 23 200
☑ corporation	☐ limited partnership, already formed ☐ other (	please specify): limited liability company
☐ business trust	☐ limited partnership, to be formed	THOMSON
	Month Year	PINANCIAS

#### **GENERAL INSTRUCTIONS**

Jurisdiction of Incorporation or Organization:

Actual or Estimated Date of Incorporation or Organization:

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

☑ Actual ☐ Estimated

(Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDENTIFICATION DATA										
2.	Enter the information requested for the following:										
	• Each promoter of the issuer, if the issuer has been organized within the past five years;										
	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
	• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
	• Each general and managing partner of partnership issuers.										
Che	ck Box(es) that Apply:										
Full	Full Name (Last name first, if individual)										
Hul	per, David R.										
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)										
701:	5 Albert Einstein Drive, Columbia, MD 21046										
Che	ck Box(es) that Apply:										
Full	Name (Last name first, if individual).										
Ban	mantine, James A.										
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)										
701:	5 Albert Einstein Drive, Columbia, MD 21046										
Che	ck Box(es) that Apply:										
Full	Name (Last name first, if individual)										
And	derson, Lynn D.										
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)										
701	5 Albert Einstein Drive, Columbia, MD 21046										
Che	ck Box(es) that Apply: $\square$ Promoter $\square$ Beneficial Owner $\boxtimes$ Executive Officer $\square$ Director $\square$ General and/or Managing Partner										
Full	Name (Last name first, if individual)										
Lar	sen, Kim D.										
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)										
701	5 Albert Einstein Drive, Columbia, MD 21046										
Che	ck Box(es) that Apply: $\square$ Promoter $\square$ Beneficial Owner $\square$ Executive Officer $\square$ Director $\square$ General and/or Managing Partner										
Full	Name (Last name first, if individual)										
Har	diman, Joseph R.										
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)										
701:	5 Albert Einstein Drive, Columbia, MD 21046										
Che	ck Box(es) that Apply: $\square$ Promoter $\square$ Beneficial Owner $\square$ Executive Officer $\square$ Director $\square$ General and/or Managing Partner										
Full	Name (Last name first, if individual)										
Hra	bowski, III, Freeman A.										
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)										
701:	5 Albert Einstein Drive, Columbia, MD 21046										
Che	ck Box(es) that Apply: $\square$ Promoter $\square$ Beneficial Owner $\square$ Executive Officer $\square$ Director $\square$ General and/or Managing Partner										
Full	Name (Last name first, if individual)										
See	Attachment A										
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)										

			<del></del>		B. IN	FORMA	TION ABO	OUT OFF	ERING					
													Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?														
Answer also in Appendix, Column 2, if filing under ULOE														
2. What is the minimum investment that will be accepted from any individual? (may be less in special circumstances)										\$ <u>1,000</u>				
											Yes	No		
3. Does the offering permit joint ownership of a single unit?													$\square$	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Name	e (Last na	me first, i	f individua	ıl)										
Banc of A								·		r				
					et, City, Sta	ite, Zip Co	de)							
9 West 57				019										
Name of A	Associate	d Broker (	or Dealer											
States in V	Which Per	rson Liste	d Has Soli	cited or Int	ends to Sol	icit Purcha	asers							
(Che	eck "All S	tates" or o	check indiv	vidual State	es)							All	States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	√[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	√[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	<b>√[TX]</b>	[UT]	[VT]	[VA]	[WA]	[WV]	[WJ]	[WY]	[PR]	
Full Name	e (Last na	me first, i	findividua	ıl)										
Business	or Reside	nce Addre	ess (Numbe	er and Stree	et, City, Sta	nte, Zip Co	de)							
Name of A	Associate	d Broker o	or Dealer		<del> </del>							- <u></u>		
States in V	Which Per	rson Liste	d Has Solid	cited or Int	ends to Sol	icit Purch	asers							
												All	States	
							[CT]		[DC]				[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]		[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	-	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]		[PR]	
Full Name														
Business	or Reside	nce Addre	ess (Numbe	er and Stree	et, City, Sta	ite, Zip Co	ode)							
Name of A	Associate	d Broker o	or Dealer						<del></del>					
States in \	Which Pe	rson Liste	d Has Soli	cited or Int	ends to Sol	icit Purch	asers							
(Che	eck "All S	tates" or o	check indiv	vidual State	es)							Ail	States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	TRII	ISC1	[SD]	ITNI	(TX)	HITI	IVTI	[VA]	(WA)	[WV]	rwn	[WY]	[PR]	

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold.  Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box p and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate	Ar	nount Already
			ffering Price		Sold
	Debt			<u>\$</u>	-0-
	Equity	<u>\$</u>	-0-	<u>\$</u>	-0-
	□ Common □ Preferred				
	Convertible Securities (including warrants)	<u>\$30</u>	0,000,000	\$225	,000,000
	Partnership Interests	<u>\$</u>		<u>\$</u>	-0-
	Other (Specify)	<u>\$</u>	0	<u>\$</u>	-0-
	Total	<u>\$30</u>	0,000,000	\$225	5,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
					Aggregate
			Number	D	ollar Amount
			Investors	C	of Purchases
	Accredited Investors		9	\$225	5,000,000
	Non-accredited Investors		-0-	<u>\$</u>	-0-
	Total (for filings under Rule 504 only)		9	\$225	,000,000
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security	D	ollar Amount Sold
	Rule 505			<b>\$</b>	
	Regulation A			\$	
	Rules 504				
	Total				
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗹	<u>\$</u>	-0-
	Printing and Engraving Costs				
	Legal Fees				
	Accounting Fees				<del></del>
	Engineering Fees				
	Sales Commissions (specify finders' fees separately)				
	Other Expenses (identify)				
	Total				
					· · · · · · · · · · · · · · · · · · ·

b. Enter the difference total expenses furnished in respoissuer."								\$29	92,72	<u>5,000</u>
5. Indicate below the amo of the purposes shown the left of the estimate. set forth in response to	. If the amount of an . The total of the pay	y purpose is not know ments listed must eq	vn, furnish	an estimate and che	eck the bo	x to				
							Payments to Officers, Directors, & Affiliates			yments to Others
Salaries and fees		••••••••••				☑	<u>\$ -0-</u>	_ Ø	<u>\$</u>	-0-
Purchase of real estate	***************************************						<u>\$ -0-</u>	_ Ø	<u>\$</u>	-0-
Purchase, rental or leas	sing and installation o	of machinery and equ	ipment			Ø	\$ -0-	_ Ø	<u>\$</u>	-0
Construction or leasing	g of plant buildings a	nd facilities	•••••				\$ -0-	_ 🗹	<u>\$</u>	-0-
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)							\$ -0-	_ 🗵	<u>\$</u>	-0-
Repayment of indebtedness							\$ -0-	_ Ø	<u>\$</u>	-0-
Working capital					• • • • • • • • • • • • • • • • • • • •		\$ -0-	_ Ø	<u>\$292</u>	,725,000
Other (specify):							\$ -0-	_ Ø	<u>\$</u>	-0-
Column Totals			• • • • • • • • • • • • • • • • • • • •				\$ -0-	_ 🗹	<u>\$</u>	-0-
Total Payments Listed	••••••		EZ \$292,	725,00	0					
	···	D. FEDEI	RAL SIGN	NATURE						
The issuer has duly caused this n constitutes an undertaking by the furnished by the issuer to any not	issuer to furnish to t	he U.S. Securities an	d Exchang	ge Commission, upor						
Issuer (Print of Type)		Signature /-	19	Lynn	Date		<b>3</b> , 2004			
Corvis Corporation		7 00 00	T		rebrua	гу _	<u>a, 2004</u>			
Name of Signer (Print or Type) Kim D. Larsen		Title of Signer (Prin SVP, Business Deve		General Coursel a	nd Secret	arv				
							<del></del>			

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# ATTACHMENT A A. BASIC IDENTIFICATION DATA

## **Directors:**

Oros, David S.

7015 Albert Einstein Drive, Columbia, MD 21046

Walker, Donald R.

7015 Albert Einstein Drive, Columbia, MD 21046